



CoverTN Employer Verification

State of Tennessee • Department of Finance and Administration • Division of Insurance Administration
26th Floor TN Tower • 312 Eighth Avenue N • Nashville • TN • 37243 • 1.866.CoverTN • Fax: 1.615.253.8556

This form is for **EMPLOYERS** to qualify for CoverTN. Employers should complete this entire form. After the State qualifies your business for CoverTN, you will be contacted by a CoverTN plan representative within five business days. For help, call **1.866.CoverTN**. Employers must complete this process before their employees can enroll in coverage. Please mail or fax this form to the address above.

EMPLOYER'S INFORMATION

Employer Name		Employer Contact Person		
TN Employer # (from quarterly SUTA form)		Employer ID # (EIN or Federal Tax #)		Social Security Number
				OR
Employer Street Address				
City	County	State	Zip Code	
Contact's Phone Number	Contact's Fax Number	Contact's Email Address	Number of Employees	

MONTHLY PREMIUMS

The total premium for CoverTN health insurance is divided equally among the State*, the employer and the employee. The employer may elect to pay both the employer and employee share, if they so choose. An individual's share of the premium ranges from \$34 per month for a young, healthy non-tobacco user to about \$99 per month for an older, obese tobacco user. Monthly premiums vary by employee's age, tobacco use, and weight. The monthly premium will be higher if the employee uses tobacco or is overweight.

* The State will not pay any portion of the premiums for employees who do not live in Tennessee.

ONE THIRD SHARE OF PREMIUM AMOUNT				
	Non Tobacco User		Tobacco User	
Age	Normal Weight	Obese	Normal Weight	Obese
<30	\$34.33	\$41.00	\$37.67	\$44.33
30-39	\$42.00	\$46.33	\$48.67	\$53.00
40-49	\$51.67	\$56.67	\$58.33	\$63.33
50-59	\$63.00	\$69.33	\$69.67	\$76.00
60-64	\$72.00	\$79.33	\$78.67	\$86.00
65+	\$84.33	\$92.67	\$91.00	\$99.33

EMPLOYER'S AUTHORIZATION

I certify that I have the authority to sign this agreement on behalf of the employer above. By signing below, I request that the State qualify my business for the CoverTN program. Additionally, I attest that the employer:

- Yes No Is located and operates in Tennessee as its principal place of business;
- Yes No Has 25 or fewer full-time equivalent employees or is self-employed;
- Yes No Has not offered health insurance for at least the past six months for which the employer paid at least 50% of the premium; and
- Yes No Has a median wage (i.e., pays at least 50% of its employees) less than \$41,000 per year from this business.

I certify under penalty of perjury that the information contained in the application is true and accurate. I know that if either I or the employer gives any false information, then both I and the employer will be responsible for repayment of all paid and pending claims and may be subject to prosecution. I know that CoverTN will check the information that I and the employer provide. I and the employer agree to help with any investigations and provide records (including tax and payroll information) as requested. I and the employer agree to follow the rules for the CoverTN program. I have read and understand these rules, which are on the back of this form.

Signature	Date
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EMPLOYER ELIGIBILITY

To be eligible for CoverTN, an employer must:

- Be located and operate in Tennessee as its principal place of business;
- Have 25 or fewer full-time equivalent employees or is self-employed (on January 1, 2008, this will be increased to 50 full-time employees);
- Attest (and subsequently be able to demonstrate) that at least 50% of its employees receive wages less than \$41,000 per year from this business; and
- Have not offered health insurance for at least the past six months for which the employer paid at least 50% of the premium.

RESPONSIBILITIES OF EMPLOYER

An employer participating in CoverTN shall:

- Offer CoverTN health insurance to all its current and new employees.
- Provide all CoverTN health plans with equal access to all its employees.
- Withhold their employees' share through a payroll deduction.
- Remit both the employer and employee premiums each month to the appropriate CoverTN health plans.
- Inform the State if it has reason to believe that one of more of its employees made factual misrepresentations in order to enroll in CoverTN.
- Refuse anything of value from any CoverTN health plan (except incentives for premium pre-payments).
- Cooperate with any audits and investigations by providing payroll records, tax and accounting information, etc. as requested by the State or its contracted agents or vendors.
- Provide updated information to the State in the event that the employer:
 - » Changes address or principal place of operation;
 - » No longer satisfies the eligibility requirements of the CoverTN program; or
 - » Changes incorporation status, corporate structure, or ownership (e.g., due to sale, transfer or liquidation of enterprise, etc.)

EMPLOYEE ELIGIBILITY

All of your employees, regardless of income, may be eligible. To be eligible for CoverTN, employees must:

- Work more than 20 hours per week (on average);
- Be a U.S. citizen or qualified alien; and
- In the last six months, did not voluntarily stop any health insurance (exceptions apply; see below).

If also eligible, an employee's spouse may enroll. However, the employer does not have to pay for any part of the spouse's premium. The employee must pay whatever portion of the spouse's premium that the employer does not cover. **The State will not pay any portion of the premiums for persons who do not live in Tennessee.** Please also note the following:

DEFINITIONS

"Qualified alien" means that an employee is not a U.S. citizen but lives in the United States legally. To be a qualified alien, he or she must also meet other conditions. These conditions are defined in federal law at 8 U.S.C. § 1622(b). If he or she is not a U.S. citizen or qualified alien, then he or she cannot enroll in CoverTN.

"Work more than 20 hours" means that he or she works (on average) at least half-time. However, his or her hours may vary from week to week. He or she does not have to work 20 hours every week in order to qualify.

"Voluntarily stop" health insurance means that he or she chose to stop his or her coverage. If he or she chose to stop his or her coverage in the last six months, then he or she must wait to enroll in CoverTN. However, he or she does not have to wait if he or she lost his or her health insurance because of another reason. Also, he or she can also enroll in CoverTN right now if he or she was on TennCare or in the armed forces during the last six months. For more information, please call **1-866-COVER-TN**.